

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND **10/522261**

1 Date of Request: _____

2 Serial/Patent # _____

3 Please refund the following fee(s):

**4 PAPER
NUMBER**

**5 DATE
FILED**

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

**7 TOTAL AMOUNT
OF REFUND**

\$

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____

TITLE: _____

SIGNATURE: _____

PHONE: _____

OFFICE: _____

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Patent Date: 06/24/2005 PKIDWELL
02/10/2005 LLANDGRA 00000054 132755 10522261
02 FC:1632 500.00 CR

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**